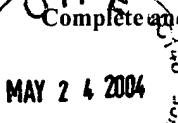


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

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MAY 24 2004

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22045 7590 02/25/2004

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Sangeeta G. Shah	(Depositor's name)
<i>Sangeeta G. Shah</i>	(Signature)
May 21, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/060,159	01/30/2002	A. Martin Lerner	LMA 0113 PUS1	8676

TITLE OF INVENTION: METHOD FOR DIAGNOSING AND ALLEVIATING THE SYMPTOMS OF CHRONIC FATIGUE SYNDROME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	05/25/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TRAVERS, RUSSELL S		1617	514-258000		

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 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Brooks Kushman P.C.

1 _____
2 _____
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Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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(Date)

May 21/04

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